

Sign permittings will be emailed to Laura/Kim by Friday 11/14 at 4pm.



CITY OF GROVE CITY  
4035 Broadway  
Grove City, Ohio 43123  
(614) 277-3000  
Fax (614) 277-3011  
[www.ci.grove-city.oh.us](http://www.ci.grove-city.oh.us)



**CERTIFICATE OF APPROPRIATENESS APPLICATION**  
FEE \$50.00

Date Submitted 11/14/14

PROJECT INFORMATION	
BUSINESS NAME <u>Tree of Life Chiropractic</u>	BUSINESS ADDRESS <u>3711 Broadway Grove City</u>
PARCEL TAX ID #	CURRENT ZONING
PROPERTY OWNER(S) <u>Shelly Johnson</u>	DAYTIME TELEPHONE # <u>(614) 271-5263</u>
MAILING ADDRESS <u>275 Longbranch Dr. Dublin, OH 43017</u>	
NAME OF APPLICANT (IF DIFFERENT FROM OWNER) <u>Dr. Jason Feltz</u>	DAYTIME TELEPHONE # <u>(614) 403-6733</u>
MAILING ADDRESS <u>602 Pamlico St. Columbus, OH 43228</u>	

TYPE OF REQUEST			
EXTERIOR BUILDING ALTERATIONS OR MODIFICATIONS APPEAL   (SEE PAGE 2 OF 5)	HPA CERTIFICATE OF APPROPRIATENESS <input checked="" type="checkbox"/>  (SEE PAGE 3 OF 5)	HPA SIGN APPROVAL _____  (SEE PAGE 4 OF 5)	HPA PORTABLE SIGN APPROVAL _____  (SEE PAGE 5 OF 5)

I, Jason Feltz DC, the applicant or the applicant's duly authorized agent, have read and understand the contents of this submittal. The information contained, including attached exhibits, is complete and true/correct, to the best of my knowledge. Site visits to the property may be necessary by City representatives. The Owner/Applicant hereby authorizes representatives to visit and/or photograph the property described in this application.

Signature of Applicant [Signature] Date 11/14/14  
 Signature of Owner [Signature] Date 11-14-14

FOR OFFICE USE ONLY		
DATE RECEIVED <u>11/14/14</u>	PAYMENT RECEIVED/AMOUNT <u>\$50 (received by Bid - transfer)</u>	CHECK NUMBER
RECEIVED BY <u>Bid Div.</u>	PROJECT ID# <u>20141140067</u>	
DATE SCHEDULED FOR PLANNING COMMISSION <u>12/2/14</u>	PLANNING COMMISSION ACTION APPROVED _____ DISAPPROVED _____	

\*Please email permit to [afeltz53@gmail.com](mailto:afeltz53@gmail.com) \*